Division of Health Service Regulation

PRINTED: 11/21/2014 FORM APPROVED

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: 01		COMPLETED	
HAL045008			8. WING		11/07/2014
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY.	STATE, ZIP CODE CONSTR	UCTION SECTION
DI UE D	OCE PETIDENEUT		TH AVENUE	WEST	STATION SECTION
BLUE K	IDGE RETIREMENT		SONVILLE,		C 11 2014
(X4) JD	SUMMARY STAT	EMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	241
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D. RE COMPLETE
C 101	Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 7, 2014. Records indicates that this facility was either first licensed or submitted for licensure on February 1, 1980. Based on this information, we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Regulations for Adult Care Homes, and the 1978 Edition of the North Carolina State Building Code-Section 409.1(c) Institutional Occupancy. FACILITY IS LICENSED FOR 43 BEDS Physical plant deficiencies were noted which require a plan of correction. C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code		TAG CROSS-REFERENCED TO THE APPROPRIAT		e facility of red resulations, itor t least wilding
ti n ti R o H R	change in service or be enovation, or alteration he requirements for an o addition or renovation han those requirement Minimum and Desired degulations" for "Home opies of which are availealth Service Regulation aleigh, North Carolina	n; however in no case shall ny licensed facility where on has been made, be less ts found in the 1971 Standards and es for the Aged and Infirm*, allable at the Division of ion, 701 Barbour Drive,			
VISION of Healt VBORATORY DI	h Service Regulation RECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNAL	TUBE	Title	
	TO LANG ON LINGAMENO	A A	h	TITLE	(XB) DATE
TATE FORM		- Drandie	Walle	The state of the s	-1-2014 continuation sheet 1 of 5

__Division of Health Service Regulation

PRINTED: 12/10/2014 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL045008	B. WING		11/0	7/2014
	PROVIDER OR SUPPLIER	1009 NI	NTH AVENUE		1170	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	RSONVILLE, ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	300	COMPLET DATE
C 101	This Rule is not mee 1. Based on observable meet NC State Build Licensing by not hav fire-resistance-rated could affect all reside containing smoke an compartment of origi Findings on Novemb a. The ceiling was o	t as evidenced by: vation, the facility failed to ling Code at the time of initial e a one-hour ceiling throughout. This ents, staff and visitors by not id fire in the room or smoke in. er 7, 2014: constructed with one layer of		GIDI I-A. Sheet rock wi installed, finished, a painted. Completed of	II he nd z/8/14	
	SECTION .0300 - PH 10A NCAC 13F .0306 FURNISHINGS (a) Adult care homes (5) be maintained in a orderly manner, free of hazards; (e) This Rule shall ap facilities. This Rule is not met a 1. Based on observa equipment was not ma by not having all requir vould affect all staff ar biping all temperature of a safe location. Findings on November	shall: an uncluttered, clean and of all obstructions and uply to new and existing as evidenced by: ation, the Building plumbing aintained in a safe manner and some visitors by not and pressure relief valves	C 168	C-166 1-A. Apipe extension will be added to ex- laticlus within the fi built be completed by		4
- 1	nissing the pressure re	n Bedroom105's closet was elief valve pipe extension. aintained Safe, Operating	C 189			

PRINTED: 12/10/2014 FORM APPROVED

	Regulation			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G: 01		SURVEY
	HAL046008	B. WING		11/0	7/2014
NAME OF PROVIDER OR SUPPLIER	STREET AL		STATE, ZIP CODE		
BLUE RIDGE RETIREMENT		TH AVENUE			
(X4) ID SUMMARY ST/	TEMENT OF DESIGNATION	SONVILLE,	The state of the s		
PREFIX (EACH DEFICIENCY TAG REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	1000	(X5) COMPLETE DATE
C 189 Continued From pa	ge 2	C 189			
SECTION ,0300 - F 10A NCAC 13F .03 REQUIREMENTS	PHYSICAL PLANT 11 OTHER		C189		
(a) The building an	d all fire safety, electrical,		1-4. Junction box	nill	
mechanical, and plu	Imbing equipment in an adult		be mounted to store of		
operating condition.	maintained in a safe and				
facilities with the exc	apply to new and existing ception of Paragraph (e) y to existing facilities,		wires. Completed 12/10	14	
This Rule is not med 1. Based on observe maintained in accord Code because of Implement of Impl	t as evidenced by: vation, the building was not fance with NC Electrical proper wiring method. This ents, staff and visitors by tential fire hazard and er 7, 2014; ergency light was wired with not enclosed in a junction running through the gypsum re not connected. d part of the magnetic wall Doors was very loose, being powered with a two nat was connected to a cyless ceiling light fixture in		1-B. Magnet was on 11/11/14. But screet fightly and secured 1-C. Television relation existing power recompleted 12/10/14.	ocata ceptic	d
fire-resistance-rated of breaches through the locations. This could a visitors if smoke/fire is fire compartment of or Findings on November	ntions, the Building failed to nner the integrity of the onstruction because of assemblies in the following iffect all residents, staff and not contained in Room or igin. 7 2014: ur data cable running		2-14. Hole has been filled with fire cau completed 11/30/14.	n IIK	

Division of Health Service Regulation

PRINTED: 11/21/2014 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL045008	8. WING		11/07/2014
	PROVIDER OR SUPPLIER	1009 NIN	ORESS, CITY, S TH AVENUE SONVILLE, N		
(X4) IB PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES. MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE COMPLETE
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition. (k) This Rule shall a facilities with the exwhich shall not apply this Rule is not me 1. Based on observational and a coording them to provide the cause of imwould affect all residence to the exposing them to provide the connection box with a lamp cording and ground with the control of the control	PHYSICAL PLANT 11 OTHER d all fire safety, electrical, ambing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) y to existing facilities. et as evidenced by: exation, the building was not dance with NC Electrical approper wiring method. This dents, staff and visitors by extential fire hazard and over 7, 2014: ergency light was wired with is not enclosed in a junction of running through the gypsum		C189 1-A. Junction box mounted to store a This will be comple Dec. 18th Dec. 18th and secured to 1 1-C. On 11/7/14 a cord was ran for to outlet.	ited by h 2014 ixed on old tightly wall. drop om TV
	breaches through the locations. This could visitors if smoke/fire fire compartment of Findings on Novemba. The ceiling had f	e assemblies in the following affect all residents, staff and is not contained in Room or origin.		2-A. Hole has be filled with fire Completed 11/30/14	

PRINTED: 11/21/2014 FORM APPROVED

DATE PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	Division of Health Service Regulation						
MAKE OF PROVIDER OR SUPPLIER BLUE RIDGE RETIREMENT SUMMARY STATEMENT OF DEPICIENCIES (RACH DEPICIENCY MLST SIE PRECISED BY FULL TAG C 189 C 180 C 189 C 189 C 180 C 180							
SUMMARY STATEMENT OF DEPICIENCIES PREFIX TAGE TAGE	HAL045008		B. WING		11/07/2014		
PRIEFIX SUMMARY STATEMENT OF DEPICIENCIES PRIEFIX PROVIDENCE AND OF CONTRECTION OF LIST DEPICIENCY MIST BE PRECIDED BY FULL PRIEFIX TAG Continued From page 3 S. The celling had an unprotected cable penetration in the Office near room 120, c. The celling had unprotected cable penetrations and metal conduits in most of the Bedrooms, d. The fire sprinkler escutcheon had drop down from the celling, exposing an unprotected opening, e. Firewall in the attic had an open PVC sleeves containing 5-6 fire cables that have no firestopping sealart inside, e. Some of the smoke detectors in the middle and back corridors did not completely cover the opening through the celling, g. The celling had a Noie in the Living Room Mechanical Closet, h. The celling had a % inch hole in Bedroom 105's Closet, l. The pair of corridor doors had a 1/2 inch gap between their meeting stiles at the Dining Room. 3. Based on Observation, the Building was not maintained in a safe manner by falling to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on November 7, 2014; a. A pair of inswing corridor doors were locked with a barrel bott on the outside at the Dining Room. 4. Based on Observation, the Building failed to maintain in a safe manner emergency illumination of the egress pathways in an emergency.	NAME OF	PROVIDER OR SUPPLIER					
C 189 Continued From page 3 b. The ceiling had an unprotected cable penetration in the Office near room 120, c. The ceiling, exposing an unprotected opening, e. Firewall in the attic had an open PVC sleeves containing 5-6 fire cables that have no firestopping sealant inside, f. Some of the smoke detectors in the middle and back corridors did not compiletely cover the opening through the ceiling, g. The ceiling had a ½ inch hole in Bedroom 105's Closet, h. The pair of corridor doors had a 1/2 inch gap between their meeting stiles at the Dining Room. 3. Based on Observation, the Building was not maintained in a safe manner by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped in sinide. Findings on November 7, 2014: a. A pair of inswing corridor doors were locked with a barrel bolt on the outside at the Dining Room. 4. Based on Observation, the Building failed to maintain in a safe manner emergency illumination of the egress pathways. This would affect all residents, staff and visitors that use these egress pathways in an emergency.	BLUE RI	DGE RETIREMENT					
b. The celling had an unprotected cable penetration in the Office near room 120, c. The cellings had unprotected cable penetrations and metal conduits in most of the Bedrooms, d. The fire sprinkler escutcheon had drop down from the celling, exposing an unprotected opening, e. Firewall in the attic had an open PVC sleeves containing 5-6 fire cables that have no firestopping sealant inside, f. Some of the smoke detectors in the middle and back corridors did not completely cover the opening through the celling, g. The celling had a hole in the Living Room Mechanical Closet, h. The celling had a vinch hole in Bedroom 105's Closet, i. The pair of corridor doors had a 1/2 inch gap between their meeting stiles at the Dining Room. 3. Based on Observation, the Building was not maintained in a safe manner by falling to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on November 7, 2014; a. A pair of inswing corridor doors were locked with a barrel bolt on the outside at the Dining Room. 4. Based on Observation, the Building failed to maintain in a safe manner emergency illumination of the egress pathway. This would affect all residents, staff and visitors that use these egress pathways in an emergency.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	D BE COMPLETE	
Findings on November 7, 2014: a. The wall-mounted emergency light did not Composited by 12 12 2/14	C 189	b. The ceiling had penetration in the Cc. The ceilings had penetrations and m Bedrooms, d. The fire sprinkle from the ceiling, expopening, e. Firewall in the acontaining 5-6 fire of firestopping sealant f. Some of the smand back corridors opening through the g. The ceiling had Mechanical Closet, h. The ceiling had 105's Closet, i. The pair of combetween their meeting. 3. Based on Obsemaintained in a safe that egress from all the use of keys, too effort. This could aff someone becomes Findings on Novembra. A pair of inswing with a barrel bolt on Room. 4. Based on Obsemaintain in a safe mof the egress pathways in an eme Findings on Novembra pathways in an eme Findings on Novemb	an unprotected cable office near room 120, d unprotected cable etal conduits in most of the er escutcheon had drop down cosing an unprotected attic had an open PVC sleeves eables that have no inside, noke detectors in the middle did not completely cover the eciling, a hole in the Living Room a ¼ inch hole in Bedroom idor doors had a 1/2 inch gap ng stiles at the Dining Room. rvation, the Building was not e manner by failing to ensure areas can be done without ls or, special knowledge or fect some staff and visitors if trapped inside. ber 7, 2014: g corridor doors were locked the outside at the Dining rvation, the Building failed to lanner emergency illumination ay. This would affect all visitors that use these egress rgency. eer 7, 2014:	C 189	2. B- Fire early placed in hole on 11/2/14 C- Fire cause placed in holes 11/8/14 E- Fire cause k placed in cracks. Will be completed 12/15/1 G- Sheet rock much be placed in cracks. Will be completed by 12/15/19 th Sheet rock much be placed in hole. Will be by 12/15/14 T- Door gap will be with he by 12/15 I- Door gap will be with a stragal. Will be with a stragal. Will be with a stragal.	ling aced d will d by will will be will be	

Division of Health Service Regulation

PRINTED: 11/21/2014 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: 01			
		HAL045008	B. WING		11/07/2014
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
BLUE R	IDGE RETIREMENT		TH AVENUE SONVILLE,	WEST NC 28739	
(%4)-10		TEMENT-OF DESIGNED IN THE TEMENT OF DESIGNED IN THE TEMENT OF DESIGNED IN THE TEMENT OF THE TEMENT O	ID	PROVIDER'S PLAN OF CORRECTIO	
PRÉFIX TAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
C 189	Continued From page	ge 4	C 189	3.A. Chain bolt will	be.
	work on backup pov pushed that is near	ver when the test button was Bedroom 115.		attached to the frame inactive door leaf, with	LOF 1/2 .
		rvation, the Building was not		completed by 12/29	14.
	handling portable m	manner by not properly edical oxygen cylinders. This ents, staff and visitors if		lul o halls	
	cylinders fall, breaki	ng their valves, propelling the		4. A. Bottery purchas	, , ,
	Findings on Novemb			Blue Ridge Lighting	and
	stored standing up a	and not secured to the Storage Room near Shower		installed intesti	4.
	Room. Fixed while S			5. A- Fixed while su	rveyors
	stored standing up and not secured to the structure in Bedroom 120. 6. Based on observation, the fire resistance rating of the corridor was not maintain in a safe			on site.	
				B Fixed 1/7/14.	Bottle
	manner, by having doors that do not automatically latch into their frame. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room or compartment of origin. Findings on November 7, 2014:			placed in holder and s	ecured.
				6.A. Latch sigured	
			tia	l travil. "ulal r	'
	the frame at Bedroor	rdware would not latch into n 105.		tightly on 11/8/14	